

Please type a plus (+) sign in this box →

+

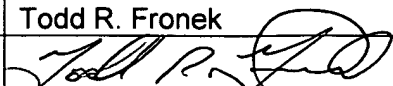
PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))</small>		Attorney Docket No. S13.12-0136	
		First Inventor or Application Identifier Jan Weber et al.	
		Title MEDICAL DEVICE WITH MARKERS FOR MAGNETIC RESONANCE VISIBILITY	
		Express Mail Label No. EV178022704US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		Address To: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form <i>e.g., PTO/SB17</i> <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant Claims small entity status 3. <input checked="" type="checkbox"/> Specification [Total Sheets 21] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the Invention)- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets 6] 5. Oath or Declaration [Total Sheets 3] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(If applicable, all necessary)</i> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statement verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation –in part (CIP) of prior application No: _____ / _____ Prior application information: Examiner _____ Group/Art Unit: _____ FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO – 1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request Under 35 USC 122 <i>(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</i> 17. <input type="checkbox"/> Other:	
17. CORRESPONDENCE			
<input type="checkbox"/> Customer Number or Bar Code Label <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> <i>(Insert Customer No. or Attach bar code label here)</i>		or <input checked="" type="checkbox"/> Correspondence address below	
Name Todd R. Fronek WESTMAN CHAMPLIN & KELLY		Address Suite 1600 – International Centre 900 South Second Avenue	
City Minneapolis		State MN	Zip Code 55402-3319
Country USA	Telephone (612) 334-3222	Fax (612) 334-3312	

Name (Print/type)	Todd R. Fronek	Registration No. (Attorney/Agent)	48,516
Signature		Date	9/24/03

FEE TRANSMITTAL		Complete if Known																																																																																																																																															
		Application No.																																																																																																																																															
		Filing Date	HEREWITH																																																																																																																																														
		First Named Inventor	Jan Weber et al.																																																																																																																																														
		Title	MEDICAL DEVICE WITH MARKERS FOR MAGNETIC RESONANCE VISIBILITY																																																																																																																																														
		Group Art Unit																																																																																																																																															
		Examiner Name																																																																																																																																															
Total Amount of Payment \$ 1108		Atty. Docket Number	S13.12-0136																																																																																																																																														
METHOD OF PAYMENT (Check One)		FEE CALCULATION (Continued)																																																																																																																																															
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> . Westman, Champlin & Kelly, P.A. 2. <input checked="" type="checkbox"/> Check Enclosed		3. ADDITIONAL FEES <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Code</th> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For Filing a Request for Reexamination. (ex parte)</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>410</td> <td>2252</td> <td>205</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>930</td> <td>2253</td> <td>465</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,450</td> <td>2254</td> <td>725</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>1,970</td> <td>2255</td> <td>985</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1402</td> <td>320</td> <td>2402</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>280</td> <td>2403</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1814</td> <td>110</td> <td>2814</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to Revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,300</td> <td>2453</td> <td>650</td> <td>Petition to Revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,300</td> <td>2501</td> <td>650</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1502</td> <td>470</td> <td>2502</td> <td>235</td> <td>Design issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40</td> </tr> <tr> <td colspan="6">Other Fee (specify) _____</td> </tr> <tr> <td colspan="6" style="text-align: right;">Subtotal (3) \$40</td> </tr> </tbody> </table>		Large Entity		Small Entity		Fee Description	Fee Paid	Code	Fee (\$)	Code	Fee (\$)	1051	130	2051	65	Surcharge - Late filing fee or oath		1052	50	2052	25	Surcharge - Late provisional Filing Fee or cover sheet		1053	130	1053	130	Non-English specification		1812	2,520	1812	2,520	For Filing a Request for Reexamination. (ex parte)		1251	110	2251	55	Extension for reply within first month		1252	410	2252	205	Extension for reply within second month		1253	930	2253	465	Extension for reply within third month		1254	1,450	2254	725	Extension for reply within fourth month		1255	1,970	2255	985	Extension for reply within fifth month		1402	320	2402	160	Filing a brief in support of an appeal		1403	280	2403	140	Request for oral hearing		1814	110	2814	55	Terminal Disclaimer Fee		1452	110	2452	55	Petition to Revive - unavoidable		1453	1,300	2453	650	Petition to Revive - unintentional		1501	1,300	2501	650	Utility/Reissue issue fee (inc. advance copies)		1502	470	2502	235	Design issue fee (inc. advance copies)		1460	130	1460	130	Petitions to the Commissioner		1807	50	1807	50	Petitions related to provisional applications		1806	180	1806	180	Submission of Information Disclosure Statement		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40	Other Fee (specify) _____						Subtotal (3) \$40					
Large Entity		Small Entity		Fee Description	Fee Paid																																																																																																																																												
Code	Fee (\$)	Code	Fee (\$)																																																																																																																																														
1051	130	2051	65	Surcharge - Late filing fee or oath																																																																																																																																													
1052	50	2052	25	Surcharge - Late provisional Filing Fee or cover sheet																																																																																																																																													
1053	130	1053	130	Non-English specification																																																																																																																																													
1812	2,520	1812	2,520	For Filing a Request for Reexamination. (ex parte)																																																																																																																																													
1251	110	2251	55	Extension for reply within first month																																																																																																																																													
1252	410	2252	205	Extension for reply within second month																																																																																																																																													
1253	930	2253	465	Extension for reply within third month																																																																																																																																													
1254	1,450	2254	725	Extension for reply within fourth month																																																																																																																																													
1255	1,970	2255	985	Extension for reply within fifth month																																																																																																																																													
1402	320	2402	160	Filing a brief in support of an appeal																																																																																																																																													
1403	280	2403	140	Request for oral hearing																																																																																																																																													
1814	110	2814	55	Terminal Disclaimer Fee																																																																																																																																													
1452	110	2452	55	Petition to Revive - unavoidable																																																																																																																																													
1453	1,300	2453	650	Petition to Revive - unintentional																																																																																																																																													
1501	1,300	2501	650	Utility/Reissue issue fee (inc. advance copies)																																																																																																																																													
1502	470	2502	235	Design issue fee (inc. advance copies)																																																																																																																																													
1460	130	1460	130	Petitions to the Commissioner																																																																																																																																													
1807	50	1807	50	Petitions related to provisional applications																																																																																																																																													
1806	180	1806	180	Submission of Information Disclosure Statement																																																																																																																																													
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40																																																																																																																																												
Other Fee (specify) _____																																																																																																																																																	
Subtotal (3) \$40																																																																																																																																																	
FEE CALCULATION																																																																																																																																																	
1. BASIC FILING FEE <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Code</th> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>750</td> <td>2001</td> <td>375</td> <td><input checked="" type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004</td> <td>375</td> <td><input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td><input type="checkbox"/> Prov. Filing Fee</td> </tr> <tr> <td colspan="5" style="text-align: right;">Subtotal (1) \$ 750</td> </tr> </tbody> </table>		Large Entity		Small Entity		Fee Description	Code	Fee (\$)	Code	Fee (\$)	1001	750	2001	375	<input checked="" type="checkbox"/> Utility Filing Fee	1002	330	2002	165	<input type="checkbox"/> Design Filing Fee	1004	750	2004	375	<input type="checkbox"/> Reissue Filing Fee	1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee	Subtotal (1) \$ 750																																																																																																																		
Large Entity		Small Entity		Fee Description																																																																																																																																													
Code	Fee (\$)	Code	Fee (\$)																																																																																																																																														
1001	750	2001	375	<input checked="" type="checkbox"/> Utility Filing Fee																																																																																																																																													
1002	330	2002	165	<input type="checkbox"/> Design Filing Fee																																																																																																																																													
1004	750	2004	375	<input type="checkbox"/> Reissue Filing Fee																																																																																																																																													
1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee																																																																																																																																													
Subtotal (1) \$ 750																																																																																																																																																	
2. EXTRA CLAIM FEES <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>33</td> <td>20</td> <td>13</td> <td>18</td> <td>234</td> </tr> <tr> <td>Indep.</td> <td>4</td> <td>3</td> <td>1</td> <td>84</td> <td>84</td> </tr> </tbody> </table> <p>Multiple Dependent Claims</p> <p>** Insert 3 and 20, or number previously paid if greater; Reissue see below</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Description</th> </tr> <tr> <th>Code</th> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>			Number Claims	Prior**	Extra	Fee from Below	Fee Paid	Total	33	20	13	18	234	Indep.	4	3	1	84	84	Large Entity		Small Entity		Description	Code	Fee (\$)	Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20	1201	84	2201	42	Independent claims in excess of 3	1203	280	2203	140	Multiple Dependent Claims	1204	84	2204	42	Reissue Independent Claims over Original Patent	1205	18	2205	9	Reissue claims in excess of 20 and over original patent																																																																																												
	Number Claims	Prior**	Extra	Fee from Below	Fee Paid																																																																																																																																												
Total	33	20	13	18	234																																																																																																																																												
Indep.	4	3	1	84	84																																																																																																																																												
Large Entity		Small Entity		Description																																																																																																																																													
Code	Fee (\$)	Code	Fee (\$)																																																																																																																																														
1202	18	2202	9	Claims in excess of 20																																																																																																																																													
1201	84	2201	42	Independent claims in excess of 3																																																																																																																																													
1203	280	2203	140	Multiple Dependent Claims																																																																																																																																													
1204	84	2204	42	Reissue Independent Claims over Original Patent																																																																																																																																													
1205	18	2205	9	Reissue claims in excess of 20 and over original patent																																																																																																																																													
Subtotal (2) \$ 318																																																																																																																																																	

Signature Todd R. Fronk

Reg. No. 48,516

Date 9/24/03

Deposit Account No. 23-1123

**FEE TRANSMITTAL***Complete if Known*

Application No.	
Filing Date	HEREWITH
First Named Inventor	Jan Weber et al.
Title	MEDICAL DEVICE WITH MARKERS FOR MAGNETIC RESONANCE VISIBILITY
Group Art Unit	
Examiner Name	
Atty. Docket Number	S13.12-0136

Total Amount of Payment \$ 1108

METHOD OF PAYMENT (Check One)

1. ☒ The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123.
Westman, Champlin & Kelly, P.A.

2. ☒ Check Enclosed

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		
Fee	Fee	Fee	Fee	
Code	(\$)	Code	(\$)	Fee Description
1001	750	2001	375	<input checked="" type="checkbox"/> Utility Filing Fee
1002	330	2002	165	<input type="checkbox"/> Design Filing Fee
1004	750	2004	375	<input type="checkbox"/> Reissue Filing Fee
1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee

Subtotal (1) \$ 750**2. EXTRA CLAIM FEES**

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	33	20	13	18	234
Indep.	4	3	1	84	84

Multiple Dependent Claims

** Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity		Small Entity		
Fee	Fee	Fee	Fee	Description
Code	(\$)	Code	(\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple Dependent Claims
1204	84	2204	42	Reissue Independent Claims over Original Patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

Subtotal (2) \$ 318**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)		
1051	130	2051	65	Surcharge - Late filing fee or oath	
1052	50	2052	25	Surcharge - Late provisional Filing Fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For Filing a Request for Reexamination. (ex parte)	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1814	110	2814	55	Terminal Disclaimer Fee	
1452	110	2452	55	Petition to Revive - unavoidable	
1453	1,300	2453	650	Petition to Revive - unintentional	
1501	1,300	2501	650	Utility/Reissue issue fee (inc. advance copies)	
1502	470	2502	235	Design issue fee (inc. advance copies)	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40

Other Fee (specify) _____

Subtotal (3) \$40Signature Todd R. Fronek
(Todd R. Fronek)Reg. No. 48,516Date 9/24/03Deposit Account No. 23-1123